Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying	instructions carefully befor	re completi	ng this f	orm.		JAN 1	4 2013					
1. CARRIER INFORM	ATION:				Are	asnington ea Transit	Metropolitan Commission					
157 First Transi	t, Inc.											
*WMATC No. *Name of Carri	er (as shown on certificate of a	uthority)										
600 Vine Street, #1400			Cincin	nati		ОН	45202-2426					
*Street Address of Principal P	lace of Business	Apt./Suite	City			State	ZIp					
Mailing Address (if different fr	om street address)	Apt./Suite	City			State	Zip					
(513) 419-3258		(513) 41	9-8618	tim.listerma	ann@firs	tgroup.cc	om					
*Telephone	Other Telephone	Fax		E-mail								
<u>「00 ス ネ)</u> USDOT No. 3. CARRIER CONTAC	DCTC No. Virgini	ia DMV pass			Maryland F							
	or FERSON (at maining au	1			ct ii iqaii k	33).						
Mr. Tim Listermann *Name		Complia	nce Man	iager								
	1	1	1									
(513) 419-3258 *Telephone	Other Telephone	(513) 41		tim.listerma E-mail	ann@firs	tgroup.co	om					
4. REGISTERED AG *Complete section 4 The Metropolitan I Alexandria, Arlingto CT Corporation System Name of Registered Agent for	ENT INSIDE THE MET 4 only if the principal place District includes the Distr n, Fairfax, Falls Church, ar Service of Process	of businerict of Co	ss in sectorial in	ction 1 is or Prince Ge- For a full des	utside th orge's C	e Metrop Co., Mon	olitan District. tgomery Co., v.wmatc.gov.					
1015 15th Street, N.W., and Address (must be ins		Apt./Suite		ngton		State	PROCESS litan District. Jomery Co.,					
Agent Address (indst be ins	rae metropolitan bistrict)	whrisquire.	UILY			Jait	~··P					

rev. 12/20/2012 (page 1 of 2)

Fleet No. 'Model Year 'Make (17 digits) 'License Plate Registered 'State Ramp Yes/No SET ATTICHOD W. ST 7. 'CERTIFICATION: I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date. The office of print Signature Set ATTICHOD W. ST Set ATTICHOD W. ST Ramp Yes/No Set ATTICHOD W. ST Set ATTICHOD W. S	†	form of org the carrier	ganization that	any merger, consolidation or other cha occurred after the previous year's annu authority was issued. If no changes ar rred.	ial report was	filed, or if	not applic	able, after
attach a complete vehicle list to both pages of this form. Include all required information. Fleet No. 'Model 'Pear 'Make 'Vehicle VIN (17 digite) 'License Plate Registered Capacity Ramp Yes/No SEE ATTACHED No. ST. 7. *CERTIFICATION: I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date. *Signature Signature *Signature *Signature *Signature *Signature *Signature							,, .	
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7. *CERTIFICATION: I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date. Timothy Listermand Name (type or print) *Signature Conflictor Direction			*Make]	,	Ramp
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Name (type or print) Congliance Director 1/11/13								nat I have
Congliance Director 1/11/13		- In oth	ty Lis	TERMANN		h to	<i></i>	
Confhience Director 1/11/13	Name	(type or print	3	*Signa	ature			
Title (not required for sole proprietors) *Date /		ingh,	over D	TATETOR	<u> [/11/1</u>	13		

First Transit WMATC No. 157

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61177			61831				182/	1017	1826	1825	1824	61823	1822	1821	1620	1619	1618	61617	61616		61614	61613	61612		61606	61605	61604	61598	61593	License Plate
	DC			DC												DC				DC		DC	State Registered							
32	32	32	32	32	32	32	32	32	30	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	Seating Capacity